

**STATE OF KANSAS
KANSAS DENTAL BOARD**

NAME AND ADDRESS CHANGE FORM

By statute, within 30 days of relocation, dentists must provide the Board with the new practice location address.

By regulation, within 30 days of relocation, dental hygienists must provide the Board with the new residence address and/or business address and employer.

A court document or a copy of a marriage certificate must accompany ► Name changes.

_____ **Dentist** _____ **Dental Hygienist** **Effective Date** _____

_____ **License #** _____ **Full Legal Name** _____ **Previous Name**

_____ **Current Residence Address (Street, City, State, Zip Code)** _____ **Phone**

_____ **Current Practice Location (Street, City, State, Zip Code)** _____ **Phone**

_____ **Hours per week/year worked**

Comments: _____

***Mail changes to: Kansas Dental Board
900 SW Jackson, Room 564-S
Topeka, KS 66612***

Or Fax changes to: 785-296-3116

Or E-mail changes to: info@dental.state.ks.us